Technology Sciences Group Inc.

Davis, CA 95616 Phone: (202) 684-2784 Fax: (530) 757-1299 Fax: (530) /57-1400 E-Mail: <u>aroberts@tsgusa.com</u> 712 Fifth St., Suite A

Amy Plato Roberts

Senior Regulatory Consultant

Arlington, VA 22202 2777 South Crystal Drive Office of Pesticide Programs, EPA Risk Management and Implementation Branch III Pesticide Re-evaluation Division (7508P) One Potomac Yard Molly Clayton, Chemical Review Manager

April 8, 2013

RE Chlorpropham GDCI

Data Call-In Response and Requirements Status and Registrant's Response for PIN NIP, Division of 1,4Group, Inc. (65726)

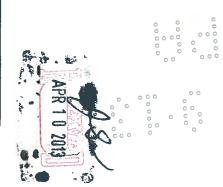
Dear Ms. Clayton:

Attached you will find the Data Call-In Response and Requirements Status and Registrant's Response for the Chlorpropham GDCI for PIN NIP, Division of 1,4Group, Inc. (65726).

Registrant's Response, Option 3 (Offer to Share Cost) is listed for all data requirements identified. Under separate cover the completed Certification of Offer to Cost Share in the Development of Data form will be submitted as well as evidence of approfer to another registrant to share in the cost of that data and proof of the other registrant's As you will note, in the Data Call-In Response, this registrant agrees to satisfy the generic data requirements indicated (Option 6b). In the Requirements Status and receipt of that offer.

Sincerely,

Senior Regulatory Consultant, for PIN NIP, Division of 1,4Group, Inc. Amy Plato Roberts



11. Phone Number みのみ しゃり みっちょ	11.		1/4 (Group, Inc.	かいかいか み	PIN NIP, DIS	10. Name of Company
9. Date April 7, 2013	9.	mplete. I acknow ledg	8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and co know ingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law Signature and Title of Company's Authorized Representative	on this form a inishable by fi	8. Certification: I certify that the statements made on this fo know ingly false or misleading statement may be punishable to Signature and Title of Company's Authorized Representative	Certification: certify know ingly false or mister signature and Title of Co.
WA	N/A	<<				65726-2 65726-3
7b. My product is an EUP and i agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6a. I am o Exemption active in EPA regional below.	registration voluntarily	To you and the second
	7. Product Specific Data		c Data	6. Generic Data	5. I wish to cancel	4. EPA Product
Number	ວິດ. ເງື່າໃຊ້ εເກປິ່ງນິກຍິ of DCI and Number ວິດ 27-ຊີເປະ 2019 ວິດ GENERIC ID # GDCI-018301-981	9 1 9: 018301	2. Case # and Name 0271 - Chlorpropham Chemical # and Name: 018301 Chlorpropham	1	Address 4GROUP INC. UITE 1000	1. Company Name and Address PIN NIP, DIVISION OF 1,4GROUP INC. 1150 18TH ST., N.W., SUITE 1000 WASHINGTON, DC 20036
	this form	INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.	ly the attached instructions	e read careful	type or print in ink. Please if necessary.	INSTRUCTIONS: Please type or print in Use additional sheet(s) if necessary.
OMB Approval 2070-0174		United States Environmental Protection Agency Washington, D.C. 20460 DATA CALL-IN RESPONSE	nited States Environmental Protectic Washington, D.C. 20460 DATA CALL-IN RESPONSE	_		

202.684.2784	13.				?	sion at 1, discoup, Inc	any PIN NIP, Didisión	12. Name of Company
2013	Agent April 2.	Royelly Regulating A	_	Amy		2	Signature and Title of Company's Authorized Representative	Signature and Title
- 1	11. Date	l acknow ledge that any	omplete. I	te, and c	accurat r applic	n and all attachments are true, a fine, imprisonment or both unde	10. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknow ledge that any know ingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.	10. Certification: I know ingly false or
	TEP	Ċ٦			z	op. Tiers I (4)	Aquatic plant toxicity test using Lemma spp. Tiers I and II	850.4400
	TEP	C,L			z	e vigor) (4)	Terrestrial plant toxicity, Tier 1 (vegetative vigor)	850.4150
	TEP	C,L			z	ence) (4)	Terrestrial Plant Toxicity (Seedling Emergence)	850.4100
						ements (Conventional	Nontarget Plant Protection Data Requirements (Conventional Chemical)	
	TGAI	c)L			z	(3)	Aquatic field dissipation	835.6200
	TGAI	C)L			Z.	(3)	Terrestrial field dissipation	835.6100
	TGAI	C)L			z		Aerobic soil metabolism	835.4100
	TEP	C,L			z		Soil column leaching	835.1240
	TGAI	¢F			z	for parent	Sediment and soll absorption/desorption for parent and degradates	835.1230
						s (Conventional	Environmental Fate Data Requirements (Conventional Chemical)	
			2 3	<u> </u>	го			
					ი o ⊣			
8. Time Frame (Month	7. Test Substance	6. Use Pattern	Progress Reports	Prog Rep	ס עט		5. Study Title	4. Guidellne Requirement Number
1	<u>27</u> -Feb- <u>20</u> 13 GEN SK ලුඩ ම ලෙන 0 ැම301-981	00000				0271 - Chlorpropham Chemical # and Name: 018301 Chlorpropham	,	PIN NIP, DIVISION OF 1,4GROUP INC 1150 18TH ST., N.W., SUITE 1000 WASHINGTON, DC 20036
ar	Date and Type of DCI and Number	c				2. Case # and Name	and Address	1. Company Name and Address
S	າ this ງິດກາ. ປse additionສູ່ sheet(ຮັ) if necessary.	quested on this form. Use a	mation rec	the inforr	supply t	the attached instructions and s	INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested or	INSTRUCTIONS: Plea
ľ	•	tes Environmental Protection Agency Washington, D.C. 20460 STATUS AND REGISTRANT'S RESPONSE	Potectic 20460 ISTRAN	es Environmental Protect Washington, D.C. 20460 STATUS AND REGISTRA	ington JS AN	United States Environmental Protection Agency Washington, D.C. 20460 REQUIREMENTS STATUS AND REGISTRANT'S RESP		
-								

OMB Approval 2070-0174

United States Environmental Protection Agency
Washington, D.C. 20460
REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

TO ROCI ONO. FIBE	"Some of the state	ily the attached histractions and s	finden		The state of	TOSION OIL IIIIS OIL OOF	additioned allocated a caca	oodly.	
1. Company Name and Address	nd Address	2. Case # and Name				0	3. Date and Type of DCI and Number	Cland Number	
PIN NIP, DIVISION OF 1,4GROUP INC. 1150 18TH ST., N.W., SUITE 1000 WASHINGTON TO 20038	1,4GROUP INC. , SUITE 1000	0271 - Chlorpropham Chemical # and Name: 018301				000	27-Feb-2013 GENERIC GENERIC CONTROL		
ANOUNCE CON, DC 20030	0000	Chorpropham				000	ຯID # GDS+018301-981		
4. Guideline Requirement Number	5. Study Title		J O ⊅ 70	2, ₹	Progress Reports	6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			ი o .						
			г0	1	2				
	Nontarget Plant Protection Data Requirements (Conventional	uirements (Conventional							
850.5400	Algal toxicity, Tiers 1 and II	(4, 5)	z			CL	TEP; TGAI	12	w
	Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)	ganisms Data al)					4.		
850.1300	Daphnid chronic toxicity test		z			C,L	TGAI	12	W
850.1400	Fish early-life stage toxicity test		z			C,L	TGAI	12	O)
850.2100	Avian acute oral toxicity test	(2, 6)	~			CL	TGAI	12	w 6
850.2300	Avian reproduction test		z			CL	TGAI	24	U
	Toxicology Data Requirements (Conventional Chemical)	entional Chemical)							
870.3465	90-day Inhalation toxicity	3	z			C, L	TGAI	24	8
870.6200	Neurotoxicity screening battery		z	-		C,L	TGAI	12	w

PIN NIP, DIVISION OF 1,4GROUP INC. 1150 18TH ST., N.W., SUITE 1000 WASHINGTON, DC 20036 INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this 中心 Use additional sheet 多时 nexessary. Requirement Number 4. Guideline 1. Company Name and Address 870.7800 Immunotoxicity Toxicology Data Requirements (Conventional Chemical) 5. Study Title Chlorpropham 0271 - Chlorpropham Chemical # and Name: 018301 Case # and Name REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE United States Environmental Protection Agency Washington, D.C. 20460 3 z **₽ X** O ⊢ O O O ¬ Progress Reports N w C,L 6. Use Pattern 000000 ිදි7-[-ab-201] ිලපාලිපැලා ුව # GDGI-0143301-981 TGA 3. Date and Type of DCI and Number 7. Test Substance 000 0 0 Frame 8. Time (Months) OMB Approval 2070-0174 12 Response CN 9. Registrant